

State of Colorado
Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

404088937

Date Received:

02/11/2025

FIR RESOLUTION FORM

Overall Status:

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

ECMC Operator Number: 47120

Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP

Address: P O BOX 173779

City: DENVER State: CO Zip: 80217-3779

Contact Name and Telephone:

Name: _____

Phone: () Fax: ()

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

ERIN JOSEPH

970-515-1169

ECMCInspections@Oxy.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 717100066

Inspection Date: 01/15/2025

FIR Submit Date: 01/28/2025

FIR Status: _____

Inspected Operator Information:

Company Name: KERR MCGEE OIL & GAS ONSHORE LP

Company Number: 47120

Address: P O BOX 173779

City: DENVER State: CO Zip: 80217-3779

LOCATION - Location ID: _____

Location Name: _____ Number: _____ County: _____

Qtrqtr: NWN Sec: 36 Twp: 2N Range: 67W Meridian: 6
W

Latitude: 40.100046 Longitude: -104.847458

FACILITY - API Number: 05-123- -00 Facility ID: 488579

Facility Name: Koshio St 5-36A/Jone Facility Number: _____

Qtrqtr: NWN Sec: 36 Twp: 2N Range: 67W Meridian: 6
W

Latitude: 40.100046 Longitude: -104.847458

CORRECTIVE ACTIONS:

1 CA# 202041

Corrective Action: Secure access to excavation in accordance with Rule 913.b.(5).B.i and ECMC Guidance 913.b.(5)B i-v.

Date: 02/12/2025

Response: CA COMPLETED

Date of Completion: 02/10/2025

Operator Comment: SEE ATTACHED PHOTOS

ECMC Decision: _____

ECMC
Representative: _____

2 CA# 202042

Corrective Action: In accordance with Rule 913.e.(3), Operator will adopt and maintain a quarterly reporting schedule (90 days). Operator shall provide an updated Form 27 for Remediation Project No. 36862.

Date: 02/11/2025

Response: CA COMPLETED

Date of Completion: 02/07/2025

Operator
Comment:

SUPPLEMENTAL FORM 27 SUBMITTED 2/7/2025 DOC#404077001

ECMC Decision: _____

ECMC
Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: _____

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: ERIN JOSEPH

Signed: _____

Title: REGULATORY

Date: 2/11/2025 12:27:27 PM

ATTACHMENT LIST

View Attachments in Imaged Documents on ECMC website (<http://ecmcweblink.state.co.us/>) - Search by Document Number.

<u>Document Number</u>	<u>Description</u>
404088937	FIR RESOLUTION SUBMITTED
404088964	LOCATION PHOTO

Total Attach: 2 Files